

NHN Volunteer Interests/Skills & Waiver of Liability

MicrositeCommunications



Images

Primary Image Placement: Right

Name: *

If Volunteer is a minor, name of responsible parent/guardian:

Interests: * Weeding

Raking

Pathway/Walkway Cleaning

Pressure Washing

Trimming Hedges/Shrubs

Please check ALL that apply.

Abilities: * Easy (weeding, raking)

Some Difficulty (trimming, pressure washing, general cleaning)

Strenuous (ivy pulling, shoveling)

Please select ALL that apply.

I will abide by instructions of the Project Manager (s)

- I will always act in a respectful and courteous manner and respect the confidentiality of homeowners receiving assistance.
- I will be safety conscious at all times.
- I will report any injuries incurred to the Project Manager.

Physical and Site Risks: Medical Consent; Medical Coverage

- All volunteer activities are subject to some degree of risk or harm.
- Volunteer must notify the Project Manager of any physical limitations the volunteer may have in carrying out the Project work. I affirm that I am physically able to perform the volunteer activities. If at any time I believe that I may not be able to perform any activity, I shall promptly notify the Project Manager and I will not engage in any activity that I believe I am not physically able to perform.
- If the project is described as "outdoor," the site conditions are outside of the control of West Linn Neighbors Helping Neighbors and may present known, visible hazards as well as unknown, undisclosed hazards.
- West Linn Neighbors Helping Neighbors does not provide medical insurance for any volunteer.

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Published on City of West Linn Oregon Official Website (<http://westlinnoregon.gov>)

In the event of accident, illness, injury, or other physical impairment during my service, I authorize emergency medical transportation and/or treatment including but not limited to surgical or dental examination and treatment, whether administered by another volunteer or third party medical personnel and give my permission to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses incurred in my behalf.

Waiver of Liability and Hold Harmless I, the undersigned Member Volunteer, or Parent/Guardian of the minor Member Volunteer, on behalf of the minor Member Volunteer, do acknowledge and affirm:

- This is a project being conducted by the Volunteer Organization named above. In participating in this project, for the benefit of the City of West Linn, I understand that there are risks of accidents or injury resulting in bodily harm, and/or death, to me arising out of this activity. I, personally and on behalf of myself, my heirs, and personal representative, and if a minor Member Volunteer, on behalf of the minor Member Volunteer, his/her heirs, and personal representative, hereby waive any claims and hold harmless the City of West Linn, its officers, agents, volunteers, or employees by reason of bodily injuries or death arising out of or resulting from participation in this project.
- I understand that this project is planned and conducted by the Volunteer Organization principally through the assistance of its member volunteers. I further acknowledge that I, or if the Member Volunteer is a minor, then the Member Volunteer, has/have the physical capacity reasonably necessary to engage in the project activities and that if at any time my or the minor's physical condition changes to restrict or prohibit participation, I, or the minor Member Volunteer, will immediately cease the volunteer work and promptly notify the designated representative of the Volunteer Organization. **THE CITY OF WEST LINN DOES NOT PROVIDE MEDICAL INSURANCE FOR ANY PARTICIPANT IN THIS PROJECT.**

Signature: * **** By typing in your name, you are signing this form and agree and affirm all of the proceeding information.**

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Source URL (retrieved on 2010-06-01 09:03):

<http://westlinnoregon.gov/communications/nhn-volunteer-interestsskills-waiver-liability>